Safer Hudson Initiative Survey of Your Business Safety Practices

Business Name and Address: Ciranda 708 2nd St.

| Please check all that apply to your business: |
|---|
| Regularly sanitizes surfaces |
| Provides sneeze/cough (Plexiglass) shields for staff and customers |
| Requires masks for staff and employees when not eating or drinking |
| Requires and enforces masks for customers while not eating or drinking Has capacity limits |
| Able to meet social distancing guidelines of 6 feet between groups of guests |
| Screens staff for illness prior to beginning of their shift |
| Provides contactless transactions |
| Has inspected ventilation systems and made modifications if deemed necessary to increase airflow or filter air |
| Please list or describe any additional safety practices you use relating to COVID-19 that you |
| would like posted on our city website: We are limiting on-site staff, required mushe in all common areas, temperature screenings required |
| Mushs in all common areas, tem prature screenings required |
| at all entrances. |
| Alternatives for your customers: |
| |
| Dining: |
| Provides outdoor dining options Provides takeout |
| Provides carboide |
| In Person Dining with the above noted safety precautions |
| III Ferson bining with the above noted safety precautions |
| Retail: |
| Provides curbside |
| Provides home delivery |
| Provides online orders |
| Provides virtual resources |
| Provides in person |
| Provides by appointment |
| Other businesses: |
| Encourages virtual meetings |
| Has in-person meetings only with scheduled appointments |
| Has in-person meeting on a drop in basis |
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